
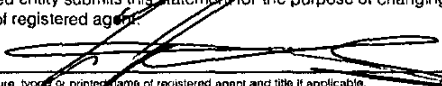
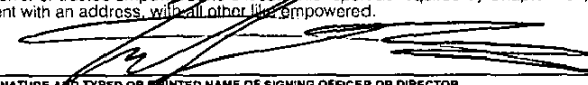


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 27, 2005 8:00 am**  
**Secretary of State**

05-27-2005 90023 037 \*\*\*150.00

DOCUMENT # P99000026771			
1. Entity Name HOMES & LAND REALTY, INC.			
Principal Place of Business 5420 ATLANTIC VIEW DR SAINT AUGUSTINE, FL 32080		Mailing Address 5420 ATLANTIC VIEW DR SAINT AUGUSTINE, FL 32080	
2. Principal Place of Business 1800 SR 207		3. Mailing Address 1800 SR 207	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. Augustine FL		City & State St. Augustine FL	
Zip 32086	Country St. Johns	Zip 32086	Country St. Johns
4. FEI Number 59-3565878		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACOBS, CAMERON T 5420 ATLANTIC VIEW SAINT AUGUSTINE, FL 32080		7. Name and Address of New Registered Agent Name: JACOBS, CAMERON T. Street Address (P.O. Box Number is Not Acceptable): 1800 SR 207 City: St. Augustine FL Zip Code: 32086	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: 4/15/05	
<input type="checkbox"/> <b>FILE NOW!!! FEE IS \$150.00</b> <input type="checkbox"/> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBS, CAMERON T 5420 ATLANTIC VIEW SAINT AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBS, CAMERON 1800 SR 207 St. Augustine, FL 32080 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: 4/15/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	